

Foster Family Home - Corrective Action Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-7

94-556 Hiaku Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/10/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/10/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/10/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(1),(b)(3)- No Admission Policy and Agreement for Clients #1, #2, and #3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- No current First Aid for CG#4.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medications discrepancies noted on Clients #1, #2, and #3. Medication administration record, medication lists (CMA), and doctors' orders do not match.

Maribel Nakamine, RN
Compliance Manager

Date

10/10/19

Catalina Guzman
Primary Care Giver

Date

10/10/19

Community Care Foster Family Home
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Catalina Guzman

CCFFH Address: 94-556 Hiaku Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(1), (3)	CCFFH Admission Policy and Agreement were explained to Client #1/POA, Client #2/POA, and Client #3/POA. Forms were signed and copies were given to each and the original documents were placed in home binder.	10/31/19	CG#1 understands requirements for CCFFH Admissions Policy and Agreement upon admission of clients to home. CG#1 made a checklist of necessary documents pertaining to admission.
41.(b)(8)	A copy of CG#4 first aid was obtained and placed in home binder.	10/14/19	Home utilize a calendar or spreadsheet on laptop and set reminders two months before the expiration date to allow time to renew before it is due.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD, and CG on clients medication administration record.	11/6/19	CG#1 will look at all medication order, bottles and MAR to ensure all match prior to giving new medication. Home will notify CMA, Pharmacy and/or MD if they are different.

Primary Caregiver's Signature: Catalina Guzman

Print name: Catalina Guzman

Date: 11/10/19